

Case Number:	CM14-0051362		
Date Assigned:	07/07/2014	Date of Injury:	06/11/2004
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 68-year-old female with a 6/11/14 date of injury. There is documentation of subjective findings of bilateral knee pain. There is documentation objective findings of right knee slight effusion, pain and crepitation with patellofemoral compression, range of motion 0-120, pain with direct palpating along the medial joint line. Imaging findings (right knee x-rays (9/26/13) revealed very minimal arthritic changes at the lateral tibial condyle, very small spur at the medial and lateral aspect of the medial femoral condyle, very small bone spurs as well, alta patella. Current diagnoses are bilateral knee arthritis, bilateral knee chondromalacia patella. Treatment to date include activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI right knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022, Table 13-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. The Official Disability Guidelines (ODG) identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. Within the medical information available for review, there is documentation of diagnoses of bilateral knee arthritis and bilateral knee chondromalacia patella. In addition, there is documentation of condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic). Therefore, based on guidelines and a review of the evidence, the request for MRI right knee without contrast is medically necessary and appropriate.